



# Personal Interests Form – Jane Doe

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1. User's name: Jane Doe Female
  
2. With whom do you communicate the most?  
Spouse's Name: Albert  
Family member's Name: John Relationship: son  
Family member's Name: Susan Relationship: daughter  
Other's Name: Joseph Relationship: brother
  
3. What are the names of your children and grandchildren?  
Children: John (married to Liz), Susan (married to Paul) adults  
Grandchildren: John & Liz's kids Dana, Mary and Glenn grade school age
  
4. What activities do you need help with? dressing bathing taking pills eating  
Other: moving the wheelchair to activities and anywhere in the facility and when we go out
  
5. What problems do you sometimes need to communicate?  
headache the TV leg pain backache upset stomach my wheelchair  
Other: \_\_\_\_\_
  
6. Are there any other health concerns that might need to be communicated?  
upper dentures sometimes hurt
  
7. What medications do you need to ask for? pain pills
  
8. What is / was your occupation? housewife
  
9. Please list favorite foods. ice cream, pie, candy
  
10. Are there restaurants you like to go to? can't get out these days
  
11. What are your hobbies or special interests? needlework which I can no longer do but I like the magazines
  
12. Do you have a pet? If yes, what is the name and kind. none now but I used to have a dog
  
13. Are there any trips you've taken that you want to talk about? no
  
14. Are there any religious affiliations you want to talk about? I like going to church
  
15. What are special holidays or events you want to talk about? Christmas
  
16. Anything else? I want to be able to talk to my grandchildren